

Name  
in  
Full

Nestle Alexander

CERTIFICATE OF DEATH

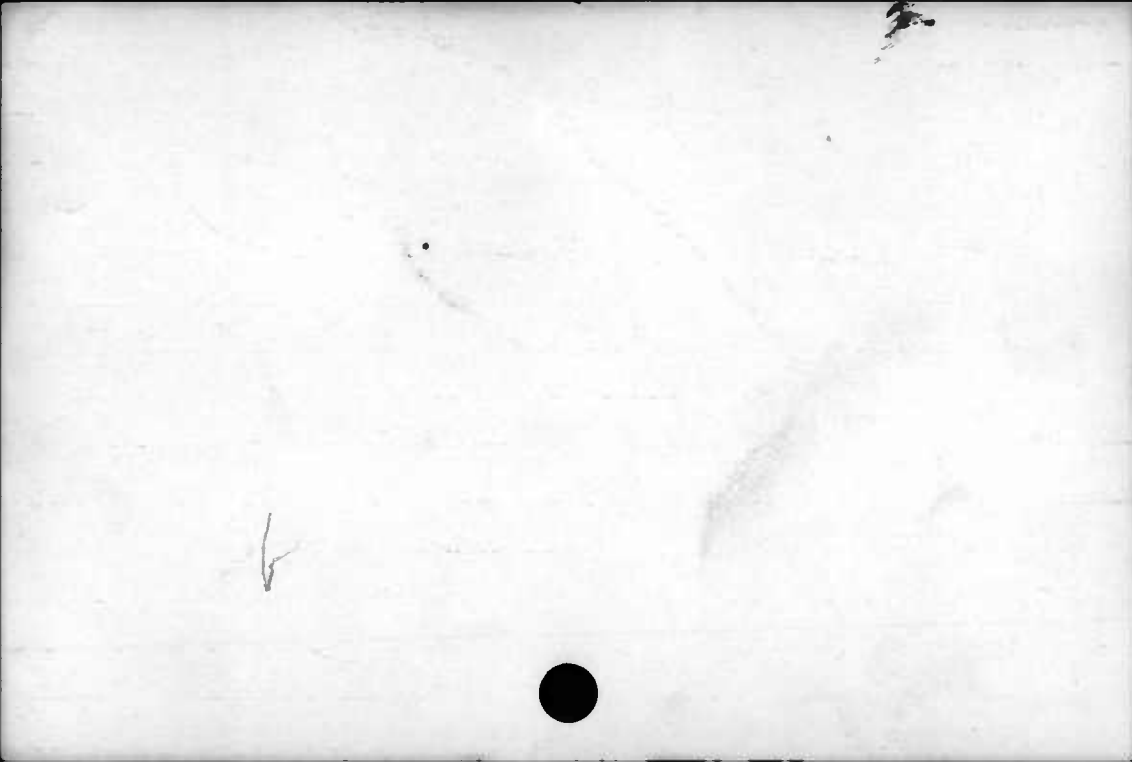
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Goldsboro</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	<u>Aug.</u> <sup>Month</sup>	<u>3</u> <sup>Day</sup>	Age <u>4</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>13</u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Near Goldsboro.</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>George Alexander</u>			Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Caro Roney</u>			Mother's Birthplace <u>Kent Co., Del.</u>		
Name of person giving information <u>George Alexander</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>5 days.</u>
Immediate <u>Exhaustion</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. M. B. Roney</u>
	Address <u>Goldsboro</u>
Accident or Suicide? <u></u>	<u>Ind.</u>



Name  
in  
Full

Lelia Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Acutum</u> <sup>Town</sup>		<u>Barbours</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>2</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>26</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Houseman</u>		
Name of Wife or Husband _____					
Father's Name <u>William Brown</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Maryout Brown</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>James Cooper</u>			How related to deceased _____		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Confinement</u>	138	How long _____
Immediate <u>Amniotomies</u>		How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Emuch George MD.</u>	
	Address <u>Acutum Ind.</u>	
Accident or Suicide? _____		



Willis Elmer Carroll

Died at <sup>Town</sup> Ridgely <sup>County</sup> Caroline X MARYLAND

Date 1902 Aug. 8 | Age 4-1 | Native of Md | Occupation           

Male White ~~Marrd~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living           

Husband of  
 Wife           

Father's Name Willis Carroll Mother's Mary Summers  
 Maiden Name           

Cause of Teething How long sick 2 weeks  
 { Primary  
 Death { Immediate Emaciation Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. C. MadaraAddress Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# CERTIFICATE OF DEATH

# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Williston* Town

County,  
Caroline

## MARYLAND

<b>Date</b> of death 1902	<b>Month</b> August	<b>Day</b> 17
------------------------------	------------------------	------------------

Age 2 Years

Months	Days
--------	------

Sex. *Female*

Color or Race *white*

Birth-  
place Maryland

Married, Single  
or Widowed Single

Occupation unemployed

Name of Wife or Husband \_\_\_\_\_

Father's Name *C. C. Christopher*

Father's Birthplace *Maryland*

Mother's  
Maiden Name *Eva Couder*

Mother's Birthplace *New York*

Name of person giving information *C. C. Christopher*

How related to deceased

### CAUSES OF DEATH

05

PHYSICIAN  
OR CORONER

Primary Malaria & Cholera infantum

How long 3 weeks

Immediate Gangrene of bowels

How long 6 weeks

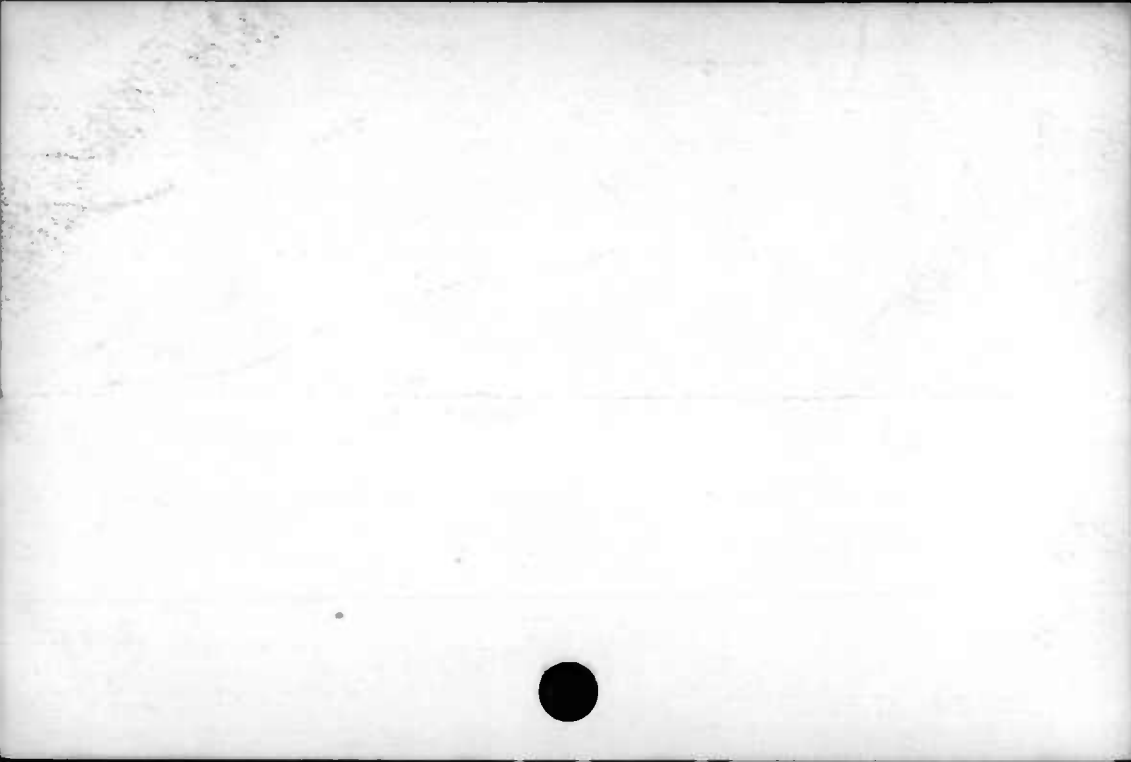
Are the name, age, sex, color, date  
and place correctly given above? *hda*

Signature of Physician

Address

J. D. Hadaway  
Fowling Creek  
Ind.

Accident or Suicide? \_\_\_\_\_





Name in Full

Certificate of Death

Ocellia Drankiewicz

Died at

town

County

Choctawhatchee

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

30

Age

95 - - -

Bohemia

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 2 +

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Cerebral Hemorrhage 1 day

Paralysis

Accident Suicide Homicide

Reported by

Address

Preston Md.

J. R. Phillips Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name  
in  
Full

Flayd Flowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dulan</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>24</i>	Age <i>—</i>	Months <i>8</i>	Days <i>3</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Dulan</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Flowers</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Eccema Richards</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Harry Willoughby</i>			How related to deceased <i>no</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis Catarrhus</i>	How long <i>04 7 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Manship</i>
	Address <i>Dulan Maryland</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Mary A. Gaubril

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Near Preston		County Caroline		MARYLAND	
Date of death 1902		Month Aug		Day 30		Years 74	
Sex Female		Color or Race White		Birth- place Maryland		Months —	
Married State or Widowed Widowed		Occupation Housewife		Widow		Days —	
Name of Husband Darius J. Gaubril		Father's Name William Todd		Father's Birthplace Maryland		Mother's Maiden Name Donk Knapp	
Name of person giving information William H. Gaubril		Mother's Birthplace Maryland		How related to deceased Son			

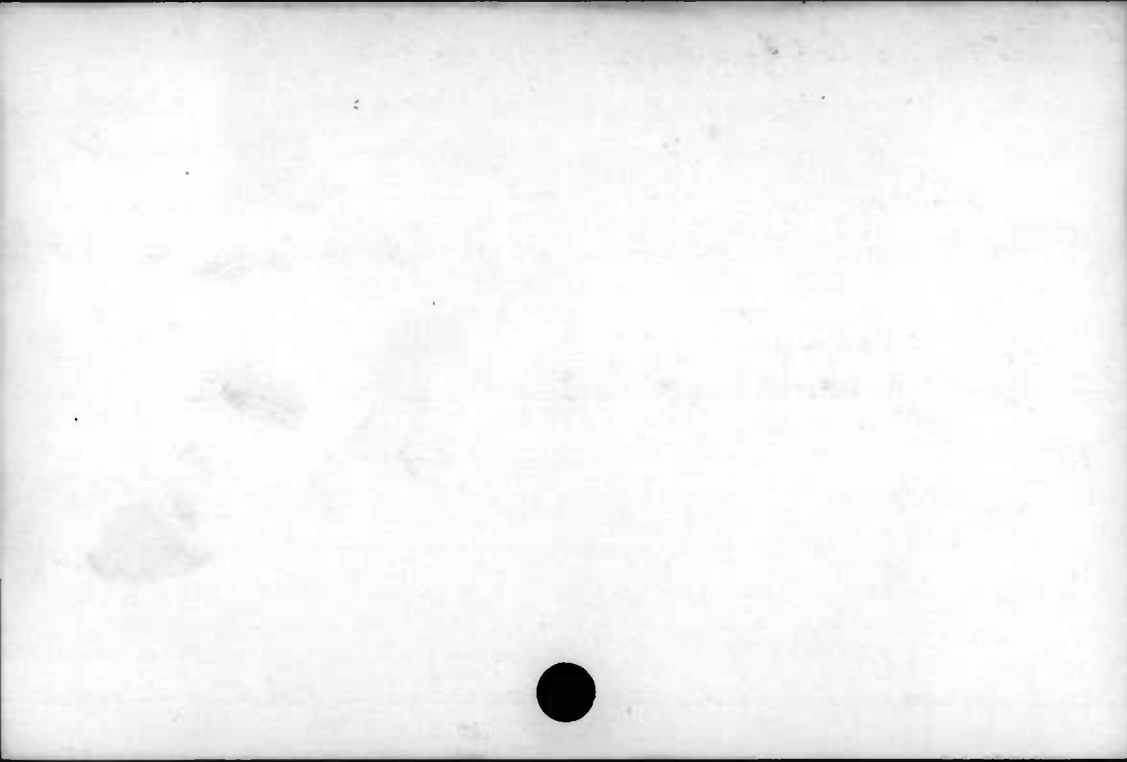
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Rheumatism	How long	20 yrs.
Immediate	Cataract of Stomach	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Hobe M.D.	
		Address Preston Md	
Accident or Suicide?			



Name in Full		Ruth Stevenson Grabill				CERTIFICATE OF DEATH	
		Town Ridgely		County Caroline		MARYLAND	
Died at		Date of death 1902		Month August		Day 26	
		Age 1		Years 4		Months 29	
Sex		Color or Race white		Birth-place Ridgely			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name J W Grabill				Father's Birthplace Penn			
Mother's Maiden Name Alice Stevenson				Mother's Birthplace Maryland			
Name of person giving information J W Grabill				How related to deceased Father			
CAUSES OF DEATH							
Primary		Diarrhea				How long 105	
Immediate						How long 50 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. P. Harr			
				Address Ridgely Md			
Accident or Suicide?							





Name  
in  
Full

Mary Adaline Hubbard

## CERTIFICATE OF DEATH

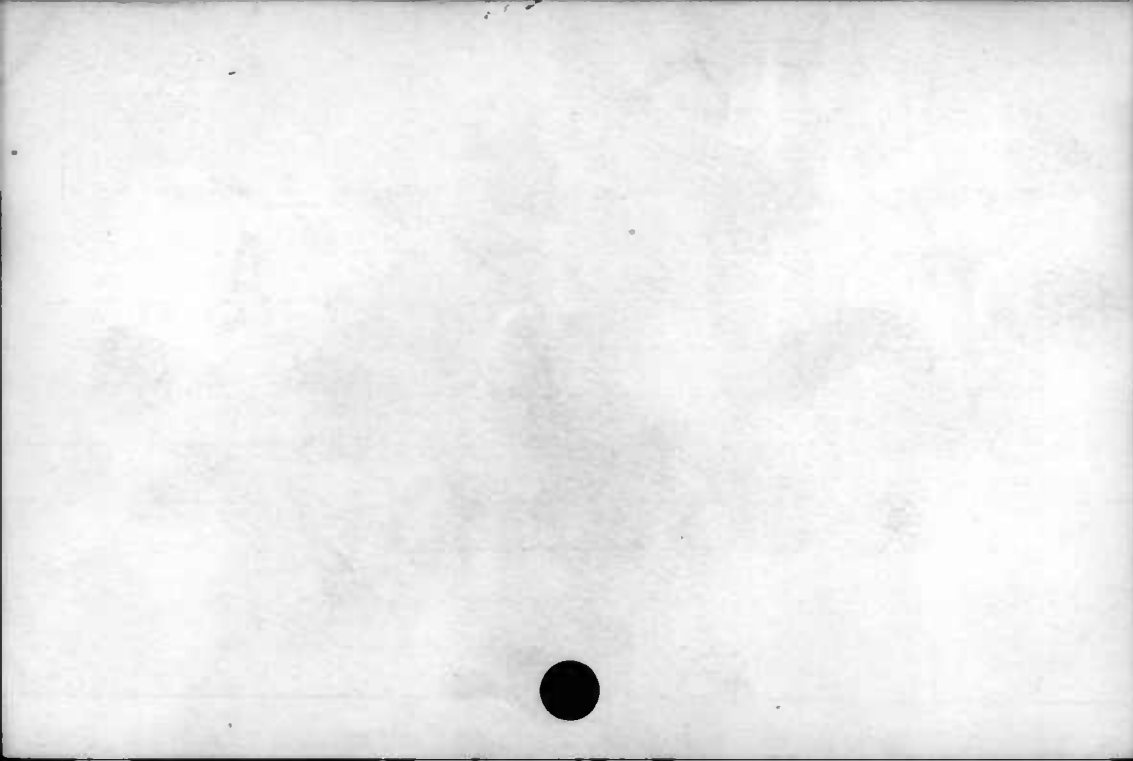
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>aug</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>29</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ridgely</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Hayes Hubbard</i>			Father's Birthplace <i>Caroline Co, Md.</i>		
Mother's Maiden Name <i>Augusta Pritchett</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Hayes Hubbard</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full

Certificate of Death

Julia E. Lockman

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

8 - 7

Age

27-5-19

Md. Inventor

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of~~Wife~~

Father's

Name

Mother's

Name

John H. Lockman

Martha E. Armstrong

Cause of

Primary

Phthisis Pulmonalis

How long sick

One Year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

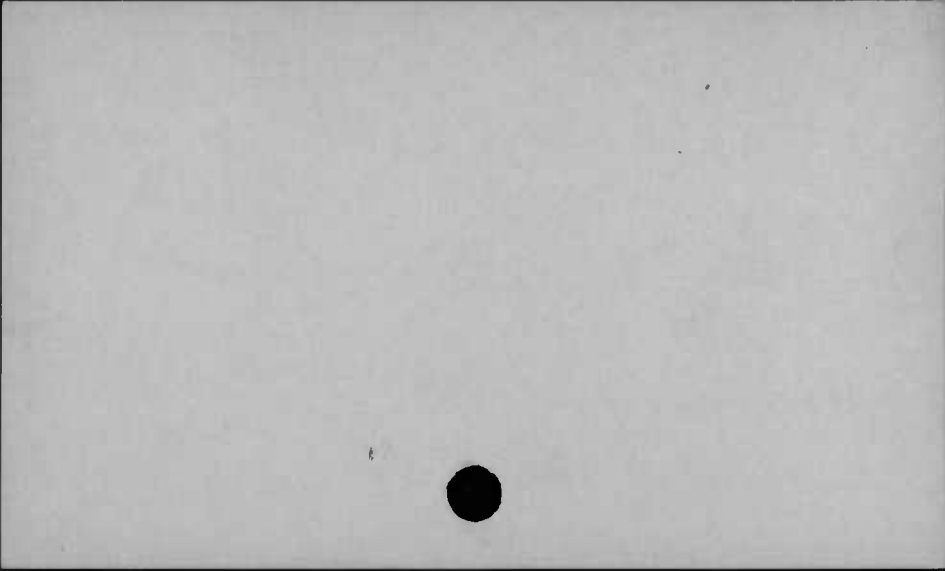
Geo. H. Betton M. D.

Address

Guensboro - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 68668



Name  
in  
Full

Charles H Perry

CERTIFICATE OF DEATH

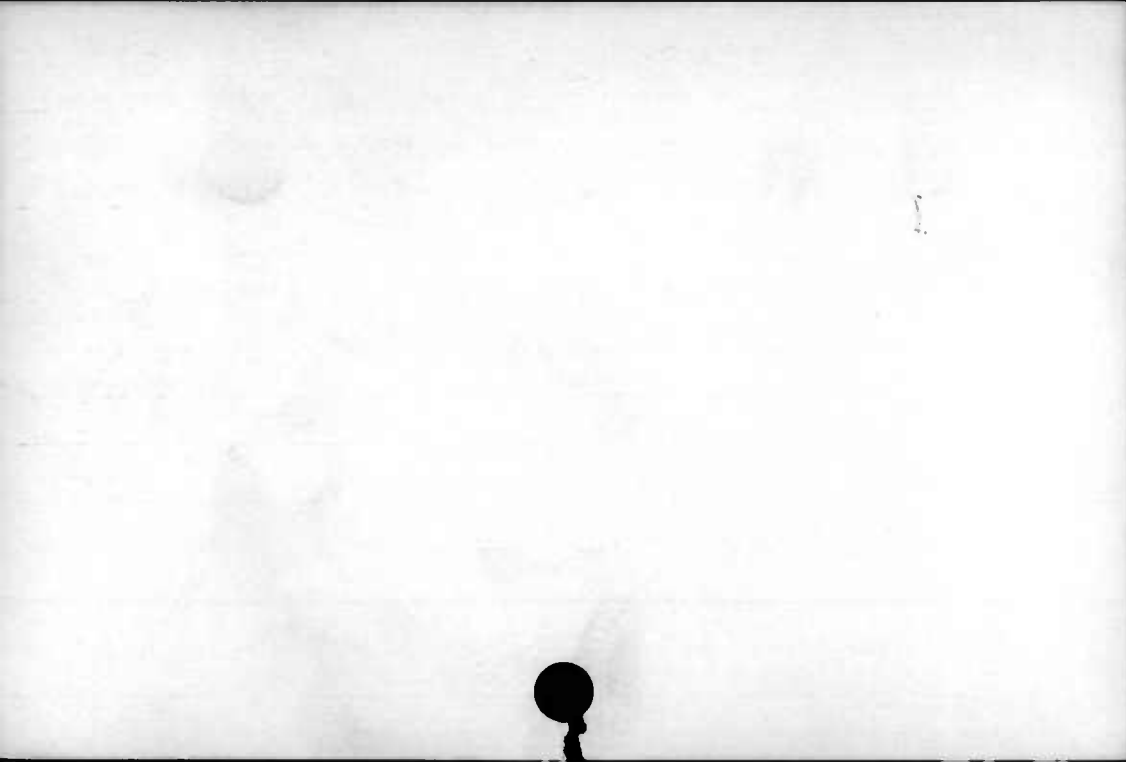
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Newton		<sup>County</sup> Caroline		MARYLAND	
Date of death 190	2	Month Aug	Day 30	Age 83	Years 11 Months 26 Days
Sex Male	Color or Race White		Birth-place Maryland		
Married, Single or Widowed Married		Occupation Farmer			
Name of Wife or Husband Ellen Perry					
Father's Name Nathaniel Perry			Father's Birthplace Donk Know		
Mother's Maiden Name Donk Know			Mother's Birthplace Donk Know		
Name of person giving information James E Perry			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Asthma	How long 79 8 years
Immediate Valvular Disease of Heart	How long one Month
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. L. Robb
	Address Princeton Md.
Accident or Suicide?	



Name  
in  
Full

Pudon -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deer</i> <sup>Town</sup>		<i>Cornelia</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>1 hour</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Deer Md</i>		
Married, Single or Widowed <i>-</i>			Occupation		
Name of Wife or Husband <i>Elena Pudon</i>					
Father's Name <i>Sam Jones</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>Elena</i>			Mother's Birthplace <i>Deer</i>		
Name of person giving information <i>Lucy Wilson</i>			How related to deceased <i>Widow</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Strangulation</i>	How long <i>151</i>
Immediate <i>-</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Enoch George</i>
	Address <i>Deer</i>
Accident or Suicide? <i>No</i>	<i>Maryland</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Mary Sharp*Died at *Denton* Town*Caroline* County

MARYLAND

Date

of death

*1902*

Month

*8*

Day

*6*

Years

Age

*24*

Months

Days

Sex

*Female*Color or  
Race*Colored*Birth-  
place*MD*Married, ~~Single~~  
or ~~Widowed~~

Occupation

*Housewife*Name of Wife or  
Husband*James Sharp*Father's  
Name*Samuel Paulkins*Father's  
Birthplace*MD*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Concurrent*

How long

Immediate

*Angustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*J. K. Nichols*

Address

*Denton MD*

Accident or Suicide?

*Subdural*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Preston</i>		<i>Spry</i> County <i>Caroline</i>		MARYLAND	
Date of death 190	2	Month	Aug.	Day	13
Age		Years		Months	Days
Sex	<i>male</i>		Color or Race	<i>colored</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Shell Down</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Town *John* County *Stokeley*  
 Died at *near Henderson* *Caroline* MARYLAND  
 Date 1902 *Aug* Month *31* Day *30* Y. M. D. Native of *Ind* Occupation *Farmer*  
 Male *White* Married *Widow* Divorced *Number of children living*  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*3 yrs*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

Pearl Elizabeth Towers


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Aug</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>17</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ridgely</i> <sup>Mar.</sup>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Infant</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Willard N. Towers</i>			Father's Birthplace <i>Talbot Co. Md.</i>		
Mother's Maiden Name <i>Mary Jewell</i>			Mother's Birthplace <i>Caroline Co. Md.</i>		
Name of person giving information <i>Willard Towers</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Obtention</i>	<i>105</i>	How long <i>2 weeks</i>
Immediate <i>Eclampsia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. MacLara</i>	Address <i>Ridgely Md.</i>
<i>—</i>		

Newton





Name  
in  
Full

CERTIFICATE OF DEATH

*Found drowned did not know his name*

Town

County

MARYLAND

Died at

Date

of death 190

Month

Day

Years

Age (about)

Months

Days

Sex

Color or  
Race

Birth-  
place

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

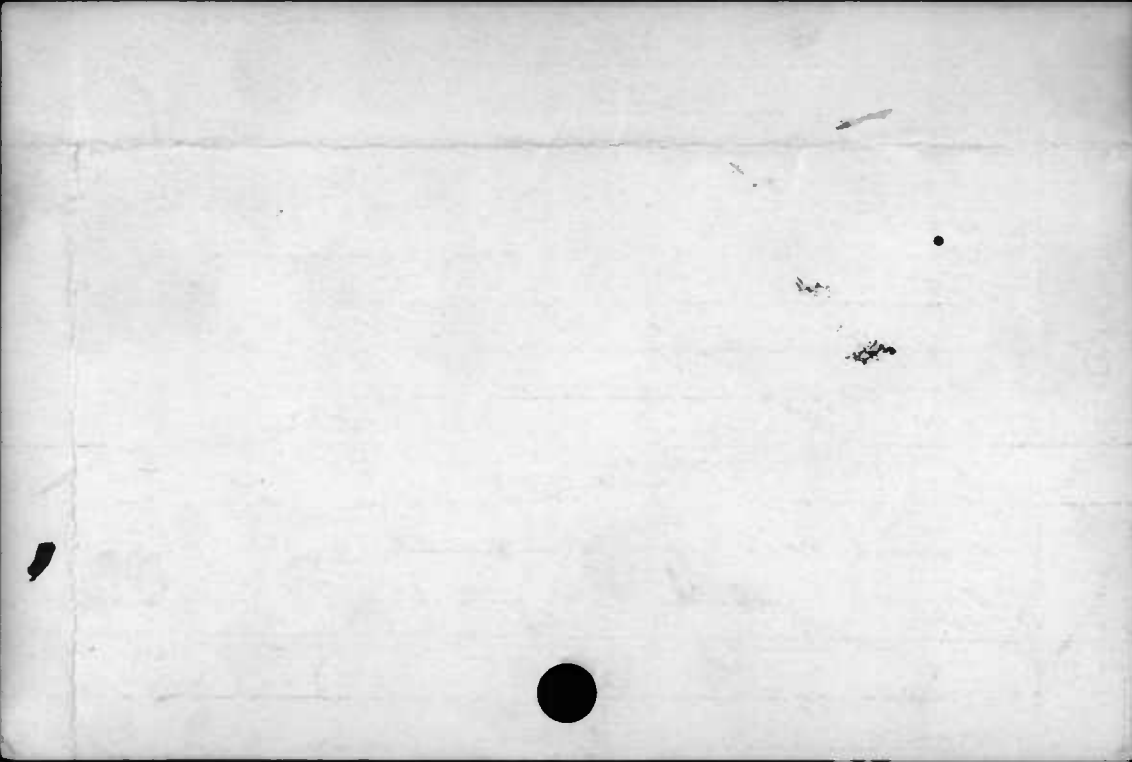
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*accident*

*Accident or Suicide?*

*Signature of coroner*  
*J. H. Dungan*



Name in Full

Certificate of Death

*Elizabeth Wheeler*  
 Died at *near Denton* Town *Caroline* County *MARYLAND*

Date 19*02* Month *8* Day *30* Y. *10* M. *10* D. *10* Native of *this State* Occupation *\_\_\_\_\_*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living *6*

Husband of *\_\_\_\_\_*  
 Wife *\_\_\_\_\_*  
 Father's Name *Robert Wheeler* Mother's Maiden Name *Helen Chester*

Cause of Death { Primary *Acute* Immediate *35* How long sick *2 years*  
 Accident, Suicide, Homicide

Reported by *J. J. Manship M.D.*  
 Address *Denton Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband  
of  
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, YONK

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_